

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

EXAMINING BOARD OF PROFESSIONAL GEOLOGISTS, HYDROLOGISTS AND SOIL SCIENTISTS

APPLICATION FOR CERTIFICATE OF AUTHORIZATION

TYPE OR PRINT IN INK

1. Name of Firm, Partnership or Corporation:

2. Mailing Address:

3. Check as many of the following professional services that apply for which the firm, partnership or corporation is seeking authorization.

Note: There must be a Wisconsin credential holder employed by the firm, partnership or corporation for each profession checked.

- ☐ PROFESSIONAL GEOLOGY (201)
☐ HYDROLOGY (202)
☐ SOIL SCIENCE (203)

4. Provide the name and addresses of all officers, directors or partners of the firm, partnership or corporation. Attach additional sheets if necessary.

<u>Title</u>	<u>Name</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to this application. A fee of \$53 is required for each box checked in #3.

- ☐ \$53 Professional Geology
☐ \$53 Hydrology
☐ \$53 Soil Science
_____ Total Fee Remitted

For Receipting Use Only

FOR OFFICE USE ONLY

License #: _____

Date: _____

Wisconsin Department of Regulation & Licensing

5. Provide the address of each branch office located in Wisconsin (if any).

- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

6. **STATEMENT OF ARREST OR CONVICTION:** MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

YES **NO**

A. Has the firm, partnership or corporation or any of its officers ever been convicted of a misdemeanor, a felony, or driving while intoxicated (DWI), in this or any other state, **OR** are criminal charges or DWI charges currently pending If YES, complete and attach Form #2252.

☐ ☐

B. Has the firm, partnership or corporation or any of its officers ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the professional and the agency.

☐ ☐

C. Has any licensing or other credentialing agency ever taken any disciplinary action against the firm, partnership or corporation or any of its officers, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about pending action, including the name of the agency and status of the action.

☐ ☐

D. Is disciplinary action pending against the firm, partnership or corporation or any of its officers in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of the action.

☐ ☐

E. Have any suits or claims ever been filed against the firm, partnership or corporation as a result of professional services? If YES, submit a copy of the claim or suit and copy of a final settlement or disposition.

☐ ☐

F. Does the firm, partnership or corporation currently hold, or has held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential?
And if another name, what name? _____

☐ ☐

7. a. Provide the names, credential type (professional geologist, hydrologist or soil scientist), credential numbers and branch office locations of the Wisconsin credential holders employed by the firm, partnership or corporation who will be in responsible charge of the work performed in Wisconsin. Attach additional sheets if necessary.

<u>Name</u>	<u>Credential Type</u>	<u>Credential #</u>	<u>Branch Office Location</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. Each Wisconsin credential holder employed by the firm, partnership or corporation listed above must sign the application and emboss his/her personal registration seal attesting to their employment by the firm, partnership or corporation and that they will be in responsible charge of the services provided in Wisconsin. Attach additional sheets which quote the attesting statement if more space is needed.

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8. **CERTIFICATION** - I certify that I am employed by the corporation named under item one on this application (Form #2404) and that I will be in responsible charge of professional geology, hydrology or soil science practice in Wisconsin through said firm, partnership or corporation as authorized by my credential issued by the appropriate section of the Wisconsin Examining Board of Professional Geologists, Hydrologists and Soil Scientists.

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

SIGNATURE _____ DATE _____ SEAL

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9. By signing this section of the application, I certify that all information contained in the application is true and correct and that I am authorized to apply for this credential on behalf of the firm, partnership or corporation.

Name

Title

Address

Daytime Telephone # (Include Area Code)

Signature

Date
